

## Other Voluntary Insurance Options:

All registered students are automatically enrolled in the UC Student Health Insurance Plan (UC SHIP) however there are a few other classes of individuals who may enroll in the plan on a voluntary basis. Those groups are:

- Recently graduated students who were covered by UC SHIP during the prior quarter
- Graduate students who are on a Filing Fee status
- Undergraduate students who are on a PELP status
- Dependents of students who are enrolled in the UC SHIP
- Graduate students who are on an approved (LOA) Leave of Absence

## How can I enroll my eligible dependents in the SHIP Plans?

Enrollment in the voluntary plan is managed by Wells Fargo Insurance Services. All payments for the voluntary coverage must be submitted directly to Wells Fargo. Student Health Service does not manage the enrollment or collect payment for the voluntary plan. For enrollment questions and to enroll in the plan, please contact Wells Fargo customer service at 1 (800) 853-5899, within 30 days of prior coverage termination date.

## Eligible dependents include:

- a. Spouse: Legally married *spouse* of the *insured student*.
- b. Domestic Partner: The individual designated as an *insured student's domestic partner* under one of the following methods: (i) registration of the partnership with the State of California; (ii) establishment of a same-sex legal union, other than marriage, formed in another jurisdiction that is substantially equivalent to a State of California-registered domestic partnership; or (iii) filing of a Declaration of Domestic Partnership form with the University. An *insured student's* opposite-sex *domestic partner* will be eligible for coverage only if one or both partners are age 62 or older and eligible for Social Security benefits based on age.
- c. Child: The *insured student's child(ren)* as follows:
  - Biological *child* under the age of 26.
  - Stepchild: A stepchild under the age of 26 is a dependent as of the date the *insured student* marries the *child's* parent.
  - Adopted *child* under the age of 26, including a *child* placed with the *insured student* or the *insured student's spouse* or *domestic partner*, for the purpose of adoption, from the moment of placement as certified by the agency making the placement.
  - *Child* of the *insured student's domestic partner*: A *child* of the *insured student's domestic partner* under the age of 26 is a dependent as of the effective date of the domestic partnership.
  - Foster Child: A foster *child* under the age of 18 is a dependent from the moment of placement with the *insured student* as certified by the agency making the placement. In certain circumstances, the foster *child* age limit may be extended in accordance with the provision for a non-minor dependent, as defined in the California Welfare and Institutions Code Section 11400(v).
  - A *child* for whom the insured student is legally required to provide health insurance in accordance with an administrative or court order, provided that the child otherwise meets UC SHIP eligibility requirements.

- Dependent Adult Child: A *child* who is 26 years of age or older and: (i) was covered under the *prior plan*, or has six or more months of *creditable coverage*, (ii) is chiefly dependent on the *student, spouse* or *domestic partner* for support and maintenance, and (iii) is incapable of self-sustaining employment due to a physical or mental condition. A *physician* must certify in writing that the *child* is incapable of self-sustaining employment due to a physical or mental condition. The University may request proof of these conditions in order to continue coverage. The University must receive the certification, at no expense to the University, within 60 days of the date the *student* receives the request. The University may request proof of continuing dependency and that a physical or mental condition still exists, but, not more often than once each year after the initial certification. This exception will last until the *child* is no longer chiefly dependent on the *student, spouse* or *domestic partner* for support and maintenance due to a continuing physical or mental condition. A dependent adult *child* is considered chiefly dependent for support and maintenance if he or she qualifies as a dependent for federal income tax purposes.

**NOTE: If both student parents are covered as insured students, their children may be covered as the dependents of either, but not of both parents.**

Students are required to provide proof of dependent status when enrolling their dependents in the *plan*. Proof is required once per year. The following documents will be accepted:

- d. For *spouse*, a marriage certificate
- e. For a *domestic partner*, a Certificate of Registered Domestic Partnership issued by the State of California, or of same-sex legal union other than marriage formed in another jurisdiction, or a completed Declaration of Domestic Partnership form issued by the University
- f. For a biological *child*, a birth certificate showing the student is the parent of the *child*
- g. For a stepchild, a birth certificate, and a marriage certificate showing that one of the individuals listed on the birth certificate is married to the student
- h. For a biological *child* of a *domestic partner*, a birth certificate showing the *domestic partner* is the parent of the *child*
- i. For an adopted or foster *child*, documentation from the placement agency showing that the student or the *domestic partner* has the legal right to control the *child's* health care
- j. For a child covered under a court order, a copy of the document from the court

### **How do I enroll into GSHIP while on Filing Fee?**

Enrollment in the voluntary plan is managed by Wells Fargo. All payments for the voluntary coverage must be submitted directly to Wells Fargo. Student Health Service does not manage the enrollment or collect payment for the voluntary plan. For enrollment questions and to enroll in the plan, please contact Wells Fargo Customer Care at 1 (800) 853-5899. Filing Fee students are allowed 1 quarter or 1 semester maximum per student's lifetime. The student must have been enrolled in SHIP in the prior term or show proof of involuntary loss of their private coverage within 30 days of prior coverage termination date.

**How do I enroll into GSHIP while on LOA?**

Enrollment in the voluntary plan is managed by Wells Fargo. All payments for the voluntary coverage must be submitted directly to Wells Fargo. Student Health Service does not manage the enrollment or collect payment for the voluntary plan. For enrollment questions and to enroll in the plan, please contact Wells Fargo Customer Care at 1 (800) 853-5899. Students on LOA are allowed two quarters maximum per student's lifetime. They must have been enrolled in SHIP in the prior term or show proof of involuntary loss of their private coverage within 30 days of prior coverage termination date.

**How do I enroll into SHIP as a continuation?**

Enrollment in the voluntary plan is managed by Wells Fargo All payments for the voluntary coverage must be submitted directly to Wells Fargo. Student Health Service does not manage the enrollment or collect payment for the voluntary plan. For enrollment questions and to enroll in the plan, please contact Wells Fargo Customer Care at 1 (800) 853-5899. Students who have graduated may participate in the Continuation Plan for one quarter or 1 semester maximum in lifetime. They must have been enrolled in SHIP in the prior term and have graduated in the prior term, within 30 days of prior coverage termination date.

**What are the coverage periods and enrollment deadlines?**

| 2016-2017 Quarters | Coverage Dates         | Enrollment Deadline |
|--------------------|------------------------|---------------------|
| Fall 2016          | 9/19/2016 to 1/3/2017  | 10/18/16            |
| Winter 2017        | 1/04/2017 to 3/28/2017 | 02/03/17            |
| Spring 2017        | 3/29/2017 to 9/24/2017 | 04/28/17            |